

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robin Hillier

Signature of Treasurer

Ms. Robin Hillier

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
06 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		170806.91
(b) Cash on Hand at Beginning of Reporting Period.....	145878.97	
(c) Total Receipts (from Line 19)	21523.31	333413.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	167402.28	504219.92
7. Total Disbursements (from Line 31)	63858.49	400676.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	103543.79	103543.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
06		01		2016

To:

M M	/	D D	/	Y Y Y Y
06		30		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

18978.23

309981.79

(ii) Unitemized

2545.08

12431.22

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

21523.31

322413.01

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

10000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

21523.31

332413.01

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

1000.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

21523.31

333413.01

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

21523.31

333413.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	858.49	5556.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	858.49	5556.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62000.00	373500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5619.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5619.87
29. Other Disbursements	1000.00	16000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	63858.49	400676.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63858.49	400676.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21523.31	332413.01
34. Total Contribution Refunds (from Line 28(d))	0.00	5619.87
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21523.31	326793.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	858.49	5556.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	858.49	5556.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ron Aidikonis

Mailing Address 2120 Somerset Ln

City

Mundelein

State

IL

Zip Code

60060-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries, Inc.

Occupation

Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 01 / 2016

Transaction ID : C3325267

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Martin Allen

Mailing Address 333 N. Summit Street

City

Toledo

State

OH

Zip Code

43614

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 08 / 2016

Transaction ID : C3330727

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daniel Ciolek

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA

Occupation

Associate VP, Therapy Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 30 / 2016

Transaction ID : C3351814

Amount of Each Receipt this Period

225.00

☐ Memo Item

* Payroll Deduction: \$75.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan P Dolan

Mailing Address 4033 Catalina Drive

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Association of New Jersey

Occupation

Trade Association Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 01 / 2016

Transaction ID : C3325258

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joanne E Erickson

Mailing Address 911 S Randolph St

City

Arlington

State

VA

Zip Code

22204-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2016

Transaction ID : C3351817

Amount of Each Receipt this Period

150.00

☐ Memo Item

* Payroll Deduction: \$50.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Teresa Eyt

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.06

Date of Receipt

06 / 30 / 2016

Transaction ID : C3351818

Amount of Each Receipt this Period

160.74

☐ Memo Item

* Payroll Deduction: \$53.58 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1310.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Debra Finneran

Mailing Address 6939 Wythe Hill Circle

City

State

Zip Code

Prospect

KY

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Masonic Homes of Kentucky

VP, Clinical Quality Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2016

Transaction ID : C3343780

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Howard Groff

Mailing Address 11337 Louisiana Cir

City

State

Zip Code

Bloomington

MN

55438-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tealwood Senior Living

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 28 / 2016

Transaction ID : C3341212

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Jennifer S Hahs

Mailing Address 12423 Flint Street

City

State

Zip Code

Overland Park

KS

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

American Health Care Association

Senior Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2016

Transaction ID : C3351845

Amount of Each Receipt this Period

150.00

☐ Memo Item

* Payroll Deduction: \$50.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nathan M. Handy

Mailing Address 2144 Cages Bend Road

City
Gallatin

State
TN

Zip Code
37066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries, Inc.

Occupation

Regional Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 01 / 2016

Transaction ID : C3325275

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robin L. Hillier

Mailing Address 4433 Pebble Creek Ln

City

Long Grove

State

IL

Zip Code

60047-5283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Welcome Nursing Home

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 17 / 2016

Transaction ID : C3336861

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Jeff N Hyatt

Mailing Address 107 Rutheena Lane

City

Selah

State

WA

Zip Code

98942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hyatt Family Facilities

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 30 / 2016

Transaction ID : C3343781

Amount of Each Receipt this Period

1250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Holly Jarek

Mailing Address 118B Hollis St

City

Groton

State

MA

Zip Code

01450-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seven Hills Foundation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

06 / 06 / 2016

Transaction ID : C3338479

Amount of Each Receipt this Period

312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jody Knox

Mailing Address 2017 Patricia Dr

City

Carlsbad

State

NM

Zip Code

88220-9625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeview Christian Home

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2016

Transaction ID : C3338908

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David A Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

VP, Insurance and Member Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : C3351926

Amount of Each Receipt this Period

180.00

☐ Memo Item

* Payroll Deduction: \$60.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

742.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Liistro

Mailing Address 1 Meadow Brook Lane

City

Westport

State

CT

Zip Code

06880-3929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arbors of Hop Brook, LTD

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 01 / 2016

Transaction ID : C3325126

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cindy Luxem

Mailing Address 1100 SW Gage Blvd.

City

Topeka

State

KS

Zip Code

66604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Health Care Association

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 01 / 2016

Transaction ID : C3325255

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lesly Marban

Mailing Address 3 Charleston Ct

City

Hawthorn Woods

State

IL

Zip Code

60047-9227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries, Inc.

Occupation

SVP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 01 / 2016

Transaction ID : C3325259

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. W. Russell McDaid

Mailing Address 1819 Creston Drive

City

Lebanon

State

PA

Zip Code

17046

FEC ID number of contributing
federal political committee.

C

Name of Employer

PA Healthcare Association

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2016

Transaction ID : C3326974

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Pollock

Mailing Address 18375 83rd Ave. N

City

Maple Grove

State

MN

Zip Code

55311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park River Estates Care Center

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 01 / 2016

Transaction ID : C3325121

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Clifton Porter

Mailing Address 3929 Azalea Court

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

SVP Government Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1682.60

Date of Receipt

06 / 30 / 2016

Transaction ID : C3351930

Amount of Each Receipt this Period

624.99

☐ Memo Item

* Payroll Deduction: \$208.33 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1374.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Derek Prince

Mailing Address 1009 Lausanne Ave.

City State Zip Code
 Dallas TX 75208

FEC ID number of contributing
federal political committee.

C

Name of Employer

HMG Healthcare

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 01 / 2016

Transaction ID : C3325123

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tara Roberts

Mailing Address 269 Harders Crossing Blvd

City State Zip Code
 Shreveport LA 71106-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nexion Health Management Inc

Occupation

VP, Rehab and Wound Care Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2016

Transaction ID : C3332138

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeanne Sanders

Mailing Address 19 NH Route 104

City State Zip Code
 Meredith NH 03253-5715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Golden View Health Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2016

Transaction ID : C3338481

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Russell Schwartz

Mailing Address 60 Cassandra Blvd., Apt. 107

City State Zip Code
 West Hartford CT 06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avon & West Hartford Health Centers

Occupation

VP/Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

Transaction ID : C3342599

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Veronica Sharpe

Mailing Address 102 Oakford Ave.

City State Zip Code
 Edgewater MD 21037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Verandas Management Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 01 / 2016

Transaction ID : C3325128

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jennifer S Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
 Fairfax VA 22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2016

Transaction ID : C3351935

Amount of Each Receipt this Period

150.00

☐ Memo Item

* Payroll Deduction: \$50.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fee Stubblefield Jr.

Mailing Address 21200 SE Old Bethel Rd

City State Zip Code
 Amity OR 97101-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Springs Living

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 03 / 2016

Transaction ID : C3338475

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brett Waters

Mailing Address 2416 Mesa Street

City State Zip Code
 Idaho Falls ID 83401

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Beginnings

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

Transaction ID : C3341213

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

18978.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2016
Transaction ID : D174880

Amount of Each Disbursement this Period

437.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2016
Transaction ID : D174878

Amount of Each Disbursement this Period

255.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&TMailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2016
Transaction ID : D174879

Amount of Each Disbursement this Period

165.04

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►
858.49
858.49

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

 Memo Item

5000.00

 Memo Item

2500.00

 Memo Item

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathleen Rice for CongressMailing Address 410 Jericho Turnpike
Suite 200

City Jericho State NY Zip Code 11753

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathleen RiceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2016

Transaction ID : D173833

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEADERSHIP FOR TODAY AND TOMORROWMailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : D174312

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. M-PACMailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

Transaction ID : D174425

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Making America Prosperous PAC

Mailing Address PO Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : D174427

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McCarthy Victory Fund

Mailing Address PO Box 13307

City	State	Zip Code
Bakersfield	CA	93389-3307

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : D174309

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NARRAGANSETT BAY PAC

Mailing Address PO Box 8628

City	State	Zip Code
Cranston	RI	02920-0628

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : D173834

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PRESERVING AMERICA'S TRADITIONS (PATPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 228 SOUTH WASHINGTON STREET
SUITE B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : D174431

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICHMOND FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Mailing Address 1631 ELYSIAN FIELDS SUITE 150

City NEW ORLEANS State LA Zip Code 70126

Purpose of Disbursement
Contribution

Candidate Name

Rep. CEDRIC L. RICHMONDCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016 ☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 02

Transaction ID : D173828

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pat TiberiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016 ☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID : D174424

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BOB GOODLATTE FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Mailing Address P.O. BOX 292

City	State	Zip Code
ROANOKE	VA	24002

Purpose of Disbursement
Contribution

Candidate Name

Rep. Robert W. Goodlatte

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 06

Transaction ID : D174311

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STIVERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve Stivers

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 15

Transaction ID : D174550

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TIM WALZ FOR US CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address PO BOX 938

City	State	Zip Code
MANKATO	MN	56002

Purpose of Disbursement
Contribution

Candidate Name

Rep. TIMOTHY J. WALZ

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 01

Transaction ID : D174430

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement
Contribution

Candidate Name

Rep. Thomas Edmunds Price

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : D174307

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TOM RICE FOR CONGRESS

Mailing Address PO Box 70098

City	State	Zip Code
Myrtle Beach	SC	29572

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom Rice

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : D173830

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VIRGINIA FOXX FOR CONGRESS

Mailing Address PO BOX 2767

City	State	Zip Code
BOONE	NC	28607

Purpose of Disbursement
Contribution

Candidate Name

Rep. Virginia Foxx

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : D174306

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. THE BILL KEATING COMMITTEE

Mailing Address PO BOX 3065

City	State	Zip Code
Buzzards Bay	MA	02532

Purpose of Disbursement
Contribution

Candidate Name

Rep. William KeatingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : D173832

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City	State	Zip Code
DES MOINES	IA	50304

Purpose of Disbursement
Contribution

Candidate Name

Sen. Charles E. GrassleyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : D174429

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 509 MADISON AVE SUITE 1902

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement
Contribution

Candidate Name

Sen. Charles E. SchumerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : D174428

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City	State	Zip Code
CHARLESTON	SC	29407

Purpose of Disbursement
Contribution

Candidate Name

Sen. Tim Scott

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: SC District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : D174310

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Turquoise PACMailing Address 1050 17th St NW
Suite 590

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : D173831

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Val Demings for Congress

Mailing Address PO Box 536926

City	State	Zip Code
Orlando	FL	32853-6926

Purpose of Disbursement
Contribution

Candidate Name

Valdez 'Val' Demings

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 10

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : D174549

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

62000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Grassley

Mailing Address 30601 Deer Trail Dr.

City	State	Zip Code
New Hartford	IA	50660

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2016

Transaction ID : D173829

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00
